Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

	0 (P I To		
Applicant Na	ed: 2/19/13 A	Daket Jr.	100711	
Date Receive	ed: <u>2/19/13</u> A ₁	oplicant Number:	0217	
Recommended Applicant Pool Status: Final Applicant Pool			ool Status:	
☐Include	d Removed	Vincluded	Removed	
REQUIREMENTS:				
1. Was the ap	✓Yes □No			
If NO, list time/date application was received:				
2. Is the appli	□Yes □No			
If NO, list the item(s) that need to be completed:				
3. Indicate ho	ow the applicant responded to the fo	itory - Spoke w vill contact TC email voting I illowing questions:	I Roger - he Tax Assissor and history 2/20/13@1	
A. Studen	□Yes ☑No			
i. Reside in the City of Austin?			□Ves □No	
ii. Registered to vote in the City of Austin?			☐Yes ☐No	
iii. Continuously registered to vote in the City of Austin?			⊠Yes □No	
iv. Voted in 3 of the last 5 City of Austin general elections?			□Yes □No	
❖ Follow-up needed related to REQUIREMENTS?			✓Yes □No	
If YES, identify issue(s) addressed and disposition:				
	Voting history			

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CONFLICTS OF INTEREST: 4. Did the applicant respond "Yes" to any conflict of interest quantity (a):	uestions?
If YES, indicate which question(s): Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition:	□Yes □No
CONSISTENCY: 5. Are applicant answers consistent? If NO, indicate which answer(s):	☐Yes ☐No
❖ Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition:	□Yes ☑No
Application Reviewed By: Quality Control Review By: Follow-up Contact(s) Reviewed By:	Review Date: 2/20/13 QC Review Date: 2/27/13 Date: 2/27/13